MCCARTHY NURSING HOME 124 SOUTH MONROE STREET

STOUGHTON	53589	Phone: (608) 873-7462		Ownership:	Individual
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	18	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	18	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./03:	15	Average Daily Census:	16

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03) %						
Home Health Care	No			Age Groups	용		6.7		
Supp. Home Care-Personal Care	No			1		1 - 4 Years	46.7		
Supp. Home Care-Household Services No		Developmental Disabilities	100.0	Under 65	80.0	More Than 4 Years	46.7		
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	13.3				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	Ī.		
Congregate Meals No		Cancer		0.0		Nursing Staff per 100 Resider			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	0.0	65 & Over	20.0				
Transportation	No	Cerebrovascular	0.0			RNs	6.7		
Referral Service	No	Diabetes	0.0 Gender		용	LPNs	3.5		
Other Services	No	Respiratory 0				Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	66.7	Aides, & Orderlies	35.2		
Mentally Ill	No	[Female	33.3				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes	1			100.0				
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				15	100.0	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		15	100.0

County: Dane Facility ID: 5480 Page 2 MCCARTHY NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		73.3	26.7	15
Other Nursing Homes	0.0	Dressing	20.0		53.3	26.7	15
Acute Care Hospitals	0.0	Transferring	46.7		33.3	20.0	15
Psych. HospMR/DD Facilities	0.0	Toilet Use	46.7		33.3	20.0	15
Rehabilitation Hospitals	0.0	Eating	46.7		53.3	0.0	15
Other Locations	100.0	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******
Total Number of Admissions	1	Continence		용	Special Treat	tments	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving I	Respiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	66.7	Receiving ?	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	33.3	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving (Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving ?	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving N	Mechanically Altered Diet	s 13.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics	
Deaths	100.0	With Pressure Sores		0.0	Have Advanc	ce Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	1				Receiving I	Psychoactive Drugs	46.7

	This Facility		DD ilities		All ilties	
	는 왕	%	Ratio	96	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	89.6	0.99	87 . 4	1.02	
Current Residents from In-County	26.7	33.5	0.80	76.7	0.35	
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00	
Admissions/Average Daily Census	6.3	21.3	0.29	141.3	0.04	
Discharges/Average Daily Census	6.3	25.0	0.25	142.5	0.04	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	20.0	15.3	1.31	87.8	0.23	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean) *	45.3	53.1	0.85	49.4	0.92	
Psychological Problems	46.7	50.1	0.93	57.4	0.81	
Nursing Care Required (Mean) *	1.7	11.0	0.15	7.3	0.23	